

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P35439** (9)
 1. Corporation Name
HSN ENTERTAINMENT JOINT VENTURES II, INC.



Principal Place of Business: **2501 118TH AVENUE NO ST PETERSBURG FL 33716 US**
 Mailing Address: **P O BOX 9090 CLEARWATER FL 34618-090 US**

3. Date Incorporated or Qualified: **09/09/1991**
 3a. Date of Last Report: **04/06/1995**

2. Principal Place of Business	2a. Mailing Address	4. FET Number	Applied For
21	26	59-3073397	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when applicable) (DATE: _____)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKEON, KEVIN J.	1.2 NAME	
STREET ADDRESS	2501 - 118TH AVE., NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	1.4 CITY-ST-ZIP	300001828923
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	-05/20/96--01036--044 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANDLER, LES R.	2.2 NAME	***200.00
STREET ADDRESS	2501 - 118TH AVE., NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REARDON, J. MICHAEL	3.2 NAME	Mary Ellen Pollin
STREET ADDRESS	2501 - 118TH AVE., NORTH	3.3 STREET ADDRESS	2501 118th Avenue, North
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	St. Petersburg, FL 33716
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLTZMAN, STEVEN H	4.2 NAME	
STREET ADDRESS	2501 118TH AVEN N	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYON, RICHARD	5.2 NAME	
STREET ADDRESS	2501 118TH AVENUE NO	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33716	5.4 CITY-ST-ZIP	
TITLE	AT <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RILEY, R. JOSEPH	6.2 NAME	Lynn Krall
STREET ADDRESS	2501 118TH AVENUE NO	6.3 STREET ADDRESS	2501 118th Avenue, North
CITY-ST-ZIP	ST PETERSBURG FL 33716	6.4 CITY-ST-ZIP	St. Petersburg, FL 33716

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attached sheet with an address.

SIGNATURE: _____ (NOTE: Signature of Officer or Director)
 4/30/96 (813) 572-6585
 _____ (DATE)

CR2E034 (12/95)